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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/002313
	Filing Date	OCT 24, 2001
	First Named Inventor	Kenneth Alley
	Title	App for Sampling & Testing & Specimen
	Art Unit	
	Examiner Name	
	Attorney Docket Number	7-31

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	< ABIO SYSTEMS, LLC > c/o Kenneth Alley		
Address	1227 East Madison St. 801 North		
City	Tampa	State	FL
Country	USA	Zip	33602
Telephone	267-456-8810	Email	Alleyinc@msn.com

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Kenneth Alley</i>	Date	10-8-2012
Name	Kenneth Alley	Telephone	267-456-8810
Title and Company	President - ABIO SYSTEMS LLC		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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